

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 007510939 <b>FLE</b>		
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2649 North New York Street Wichita, KS 67219 Generator's Phone: (316) 269-7400			Generator's Site Address (if different than mailing address) SAME				
6. Transporter 1 Company Name Salt River			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoka, OK 73860 Facility's Phone: (580) 697-3500			U.S. EPA ID Number OKD065438376				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. NA3077. HAZARDOUS WASTE, SOLID, N.O.S., (F001, F003), B, PG III	1	IT	76	Y	F001 F002 F003 F004 F005
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. CH821502X0B ERG#171 113 704 906							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name		Signature		Month Day Year 12 4 14			
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name MICHAEL JOHNSON		Signature		Month Day Year 12 4 14		
	Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H132		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month Day Year			



<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>KSD007246846</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 483-3718</b>	4. Manifest Tracking Number <b>007510939 FLE</b>	
5. Generator's Name and Mailing Address <b>Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219</b>			Generator's Site Address (if different than mailing address) <b>SAME</b>			
Generator's Phone: <b>(316) 269-7400</b>			U.S. EPA ID Number <b>A28000512313</b>			
6. Transporter 1 Company Name <b>Waste Etc</b>			U.S. EPA ID Number			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wernoka, OK 73860</b>			U.S. EPA ID Number <b>OKD065438376</b>			
Facility's Phone: <b>(580) 697-3500</b>						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1.	<b>HA3077. HAZARDOUS WASTE. SOLID. N.O.S. (F001, F003), PG III</b>	<b>1</b>	<b>OT</b>	<b>EST 16</b>	<b>Y</b>	<b>F001 F002 F003 F004 F005</b>
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information <b>1. CH821502X0B ERG#171</b> <b>TR# 113 TCH 906</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name <b>JOHN TAYSON</b>		Signature <i>[Signature]</i>		Month <b>12</b>	Day <b>4</b>	Year <b>19</b>
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name <b>MICHAEL JOHNSON</b>		Signature <i>[Signature]</i>		Month <b>12</b>	Day <b>4</b>	Year <b>14</b>
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	<b>H132</b>	2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Brandy Rose</b>		Signature <i>[Signature]</i>		Month <b>12</b>	Day <b>4</b>	Year <b>14</b>